

TEXAS DEPARTMENT

**NUMBER:** AD-06.07 (rev. 4)

**OF** 

**DATE:** January 30, 2007

**CRIMINAL JUSTICE** 

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**SUPERSEDES:** AD-06.07 (rev. 3)

February 21, 2003

## **ADMINISTRATIVE DIRECTIVE**

**SUBJECT:** 

ACCESS TO HEALTH SERVICES

**AUTHORITY:** 

Sections 499.102(a)(7) and (8), 501.051 and 501.059, Texas Government

Code

Reference: American Correctional Association (ACA) Standard 4-4344

**APPLICABILITY:** Correctional Institutions Division (CID) and Parole Division

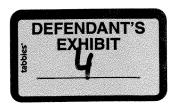
## **POLICY:**

The Texas Department of Criminal Justice (TDCJ) shall provide all incarcerated offenders with full access to health services. These procedures must be communicated orally and in writing to offenders upon arrival on the unit.

Incarcerated offenders are to be provided access to health services daily. Medical departments on the units have procedures that are to be followed to provide sick call, routine appointments, chronic disease appointments, specialty clinics, medical treatment, diagnostic appointments, and emergency services.

## **PROCEDURES:**

- I. Each unit must have written procedures addressing health care matters.
- II. It is the responsibility of the security staff to facilitate access to health services. Staff shall not block or hinder access to health services.
- III. During regular medical department working hours, incarcerated offenders shall have health-related complaints and requests addressed by health care professionals. It is the responsibility of the health care professional to determine whether the complaint or request requires immediate attention. Health care professionals may arrange subsequent evaluations if indicated.



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- IV. All urgent requests and complaints must be addressed by health care professionals immediately.
  - A. Each unit shall post procedures for contacting health care personnel 24 hours per day.
  - B. Incarcerated offenders with conditions such as asthma, epilepsy, diabetes, attempted suicide, chest pains, shortness of breath, labored breathing or similar conditions, should be afforded immediate access to health services.
  - C. Institutional operations such as count, feeding, work schedules, or similar routine operations, may not be used as reason to delay access to health services staff for urgent or emergency complaints.
- V. The judgment of health care professionals regarding health-related conditions takes precedence over unit operations.

| Ed Owens *                |  |
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| Deputy Executive Director |  |

<sup>\*</sup> Signature on File